

H.R. 6331

THE MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT:

MAKING OVERDUE IMPROVEMENTS TO MEDICARE

Forty-four million American seniors and people with disabilities depend on Medicare for their health care. H.R. 6331 seeks to make Medicare work better for every senior citizen and every person with a disability. It pays particular attention to the needs of those living in underserved areas, and beneficiaries with low incomes and less access to health care. The bill provides approximately \$4.5 billion in beneficiary improvements over 5 years, as follows:

Improving Coverage of Preventive Health Care. Preventive services can catch health problems before they become health catastrophes. To help beneficiaries identify medical conditions or risk factors early, H.R. 6331 allows preventive services not currently covered to be added to the program, as long as they are recommended by the U.S. Preventive Services Task Force and approved through regular regulatory channels.

More Affordable Mental Health Care. Seniors and people with disabilities can be particularly prone to depression and other mental health problems, but Medicare currently requires a much higher co-payment for mental health services – 50 percent – than the 20 percent required for physical health care services. H.R. 6331 provides parity in coverage for mental health services by lowering co-payments over six years until they match other co-pays – making sure that seniors can afford the screening and treatment they need. The bill also expands the drug benefit's coverage to include benzodiazepines and barbiturates used for mental health treatment.

Help for Beneficiaries in Need. Although Medicare pays many healthcare costs for seniors and people with disabilities, some low-income beneficiaries need extra help to afford even basic care. H.R. 6331 will help more low-income seniors access the subsidies and assistance that make Medicare more affordable. Improvements include:

- **Extension of the Qualified Individuals (QI) Program:** The QI program pays Outpatient care premiums for seniors with incomes just above the poverty level. The bill extends the QI program and ensures sufficient funding through 2009.
- **Changes to the Medicare Savings Program (MSP) assets test:** To receive subsidies through MSP, Medicare enrollees must prove they cannot afford the premiums, co-payments, and deductibles that beneficiaries are asked to pay. The bill increases the level of savings that MSP applicants may have and still qualify for help. Additionally, the value of life insurance policies or financial help from churches or family members will not count against a senior's eligibility for assistance.
- **Elimination of Drug Benefit Penalty:** Seniors who fail to enroll in the Medicare drug benefit in a timely manner get hit with a premium penalty that lasts the rest of their lives. The bill allows a special enrollment period for low-income seniors and people with disabilities to choose a drug benefit plan, or sign up for a private Medicare plan with drug coverage.

Measures to Help All Beneficiaries Use Medicare Better: Medicare can be confusing to navigate – particularly for people who need additional help to afford enrollment at all. The bill enlists Social Security to reach out to low-income seniors and people with disabilities who need particular assistance – and provides \$25 million to State and local programs that help beneficiaries, their family members, or their caregivers to better understand and navigate the Medicare program.